

**STATE POLICE RETIREMENT SYSTEM**  
**New Jersey Division of Pensions and Benefits**

**APPLICATION FOR RETIREMENT ALLOWANCE**

**PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION.**

Please print (black ink preferred) or type.

**MEMBERSHIP NO.** \_\_\_\_\_

1. Name (Last, First, Middle) \_\_\_\_\_

2. Address (Street, City, State, Zip) \_\_\_\_\_  
\_\_\_\_\_

3. Social Security No. \_\_\_\_\_

4. Date of Birth (Month, Day, Year) \_\_\_\_\_

5. Home Phone (\_\_\_\_\_) \_\_\_\_\_

6. Work Phone (\_\_\_\_\_) \_\_\_\_\_

7. If you will have an outstanding loan balance at retirement, how do you want to pay the loan off?

☐

Continue Payments Into Retirement

☐

Lump Sum

8. Retirement is to be effective the first day of (Month, Year) \_\_\_\_\_

9. Type of Retirement Allowance desired:

☐ Service☐ Special☐ Deferred

Please provide the requested information regarding your marital status and children.

10. Marital Status: ☐ Single

☐ Married☐ Separated☐ Divorced

11. Name of Spouse,  
if married or separated  
(Last, First, Middle) \_\_\_\_\_

Maiden Name of Spouse \_\_\_\_\_

12. Spouse's  
SSN \_\_\_\_\_

13. Spouse's Birthdate  
(Month, Day, Year) \_\_\_\_\_

14. List any children under 18 years of age, or a child (unmarried) who is mentally or physically incapacitated, regardless of age. Be sure to indicate both the gender, birthdate, and social security number of each child. Submit photocopies of the birth certificates or adoption papers of eligible children.

(Last Name, First, Middle) \_\_\_\_\_

☐

Male

☐

Female

Birthdate (Month, Day, Year) \_\_\_\_\_

SSN \_\_\_\_\_

(Last Name, First, Middle) \_\_\_\_\_

☐

Male

☐

Female

Birthdate (Month, Day, Year) \_\_\_\_\_

SSN \_\_\_\_\_

(Last Name, First, Middle) \_\_\_\_\_

☐

Male

☐

Female

Birthdate (Month, Day, Year) \_\_\_\_\_

SSN \_\_\_\_\_

DETACH HERE

**DESIGNATION OF GROUP LIFE INSURANCE BENEFICIARY(IES)**

Only those members with 10 or more years of membership credit are covered by group life insurance at retirement. This section is to be used to name a beneficiary(ies) for your group life insurance, if any. Please be sure to name both a Primary and Contingent beneficiary. This designation becomes effective when filed with the Division of Pensions and Benefits.

**PRIMARY BENEFICIARY(IES)**

	BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SS# (OPTIONAL)
1.	_____	_____	_____	_____
	ADDRESS _____			
2.	_____	_____	_____	_____
	ADDRESS _____			
3.	_____	_____	_____	_____
	ADDRESS _____			
4.	_____	_____	_____	_____
	ADDRESS _____			

**CONTINGENT BENEFICIARY(IES) — If no Primary Beneficiary is living at my death, payment is to be made to:**

	BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SS# (OPTIONAL)
1.	_____	_____	_____	_____
	ADDRESS _____			
2.	_____	_____	_____	_____
	ADDRESS _____			
3.	_____	_____	_____	_____
	ADDRESS _____			
4.	_____	_____	_____	_____
	ADDRESS _____			

Date \_\_\_\_\_ **SIGNATURE OF APPLICANT** \_\_\_\_\_

**BY THE SUPERINTENDENT, DIVISION OF NJ STATE POLICE** (or authorized representative). This application is the act of this applicant and the signature hereon is his/her act or deed.

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Date